

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	28	12 / 22 / 2017		1-DAYS SUPERMARKET (HARMON)	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RATING	8:40 AM	4:30 PM	MOMO CORPORATION	
Investigation			C	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				170001925		LOT 5007-3 ROUTE 16 HARMON	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
RETAIL				3	649-0372	3	2
				No. of Repeat Risk Factor/Intervention Violations			
				0			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT	Adequate handwashing facilities supplied & accessible			6
Approved Source						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	N/A	N/O		6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	N/A	N/O		6
Protection from Contamination						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
Consumer Advisory						
22	IN	OUT	N/A			6
Highly Susceptible Populations						
23	IN	OUT	N/A			6
Chemical						
24	IN	OUT	N/A			6
25	IN	OUT				6
Conformance with Approved Procedures						
26	IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	X		Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35	X		Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42	X		Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50	X		Toilet facilities: properly constructed, supplied, & cleaned			2
51	X		Garbage/refuse properly disposed; facilities maintained			2
52	X		Physical facilities installed, maintained, and clean			1
53	X		Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 12/22/2017

Follow-up (Circle one): YES NO

Follow-up Date

Food Establishment Inspection Report

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ESTABLISHMENT NAME 7-DAYS SUPERMARKET		LOCATION (Address) LOT 5007-3-ROUTE 16 HARMON
INSPECTION DATE 12, 22, 2017	SANITARY PERMIT NO. 17000195	PERMIT HOLDER MOMO CORPORATION

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
TUNA SANDWICH / DISPLAY CHILLER	56.0		
TUNA SUSHI ROLL / DISPLAY CHILLER	56.0		
CUT CANTALOUPE / DISPLAY CHILLER	53.0; 48.0		
RAW SHELLED EGGS / DISPLAY CHILLER	48.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	AN INSPECTION WAS CONDUCTED IN RESPONSE TO COMPLAINT NO. 18-023B REGARDING COMPLAINANT FINDING A RAT STUCK TO A STICKY TRAP IN THE RETAIL STORE. THE FOLLOWING AS ^{PH} VIOLATIONS WERE OBSERVED:	
2	NO EMPLOYEE HEALTH POLICY IN PLACE. AN EMPLOYEE HEALTH POLICY SHALL BE ESTABLISHED, AND ALL EMPLOYEES SHALL UNDERSTAND AND BE TRAINED ON THE POLICY TO ENSURE PROPER REPORTING OF SYMPTOMS AND DIAGNOSES ARE BEING DONE, AND EMPLOYEES ARE RESTRICTED OR EXCLUDED IN COMPLIANCE WITH THE GUAM FOOD CODE.	
8	HANDWASHING FACILITIES WITHOUT HOT WATER, SOAP, PAPER TOWELS, AND SIGNAGE; SINK IN MEN'S RESTROOM IS CLOGGED. HANDWASHING FACILITIES SHALL BE DESIGNATED WITH A SIGN AND PROVIDED WITH HOT WATER, SOAP, PAPER TOWELS, AND MUST BE MAINTAINED TO ENSURE PROPER HANDWASHING PRACTICES ARE BEING DONE.	
20	MULTIPLE FOOD PRODUCTS IN DISPLAY CHILLERS NOT MEETING COLD HOLDING TEMPERATURE REQUIREMENTS. PHF/TCS FOOD SHALL BE KEPT AT 41°F AND BELOW TO PREVENT THE GROWTH OF HARMFUL PATHOGENS.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Kyongno Ki	Date: 12/22/2017
DEH Inspector (Print and Sign) K. DEL MUNDO	Date: 12/22/17

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME 7-DAYS SUPERMARKET		LOCATION (Address) LOT 5007-3-ROUTE 16 HARMON
INSPECTION DATE 12, 22, 2017	SANITARY PERMIT NO. 17000195	PERMIT HOLDER MOMO CORPORATION

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

33	THERMOMETERS NOT PROVIDED FOR DISPLAY CHILLERS STORING PHF/TCS FOOD AND IN WALK-IN CHILLERS. THERMOMETERS SHALL BE PROVIDED, ACCURATE, AND CONSPICUOUSLY PLACED/READILY ACCESSIBLE FOR USE TO ENSURE ATTAINMENT AND MAINTENANCE OF FOOD TEMPERATURE REQUIREMENTS.	
35	NUMEROUS RODENT FECES THROUGHOUT FLOOR BEHIND DISPLAY CHILLERS AND UNDERNEATH DISPLAY PALLETS IN RETAIL FLOOR; FRESH AND OLD RODENT FECES THROUGHOUT WALL FLOOR NEAR WALLS OF FIRST FLOOR WAREHOUSE; OUTER OPENINGS AROUND DOUBLE METAL DOORS IN FIRST FLOOR WAREHOUSE AND APPEARED TO HAVE SOME GNAWING ON THE BOTTOM RIGHT PORTION OF THE DOOR SWEEP; RODENT FECES ON FLOOR LEADING TO OFFICE DOOR OF SECOND FLOOR WAREHOUSE; ONE SMALL DEAD RODENT THAT APPEARED TO HAVE RECENTLY BEEN TERMINATED ON FLOOR NEAR DETERGENT AISLE OF SECOND FLOOR WAREHOUSE; DOOR LEADING TO VERANDA WITH OUTER OPENINGS AND KEPT OPENED 2-3 HOURS/DAY, PER OWNER, OF SECOND FLOOR WAREHOUSE. OBSERVATIONS INDICATE ONGOING ACTIVE RODENT PROBLEM. ALL OUTER OPENING SHALL BE PROPERLY SEALED AND PESTS SHALL BE ACTIVELY ADDRESSED AND CONTROLLED TO PREVENT CONTAMINATION OF FOOD, UTENSILS, AND EQUIPMENT. ACTIVITY IN RODENT PROBLEM IS CONSIDERED AN IMMINENT HEALTH HAZARD AND SHALL RESULT IN THE SUSPENSION OF THE SANITARY PERMIT. PER GFC SECTION 8-102.10, THE FOLLOWING ADDITIONAL REQUIREMENTS SHALL BE MET PRIOR TO THE RE-INSTATEMENT OF THE PERMIT: (1) WRITTEN DOCUMENTATION FROM THE ESTABLISHMENT'S PRIMARY PEST CONTROL COMPANY (PCC) REGARDING THE SERVICE PROVIDED, TO	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Kiyungmo Ku	Date: 12/22/2017
DEH Inspector (Print and Sign) K. DEL MUNDO / L. NAVARRO	Date: 12/22/17

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ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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	INCLUDE NAME OF PESTICIDE USED; NUMBER OF BAITS, TRAPS, AND OTHER METHODS USED; LOCATION OF APPLICATION; OBSERVATIONS OF EACH SERVICE CONDUCTED; AND ANY OTHER RELEVANT INFORMATION NEEDED SHALL BE PROVIDED.	
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	(2) WRITTEN DOCUMENTATION FROM THE PCC THAT NO PEST ACTIVITY WAS OBSERVED FOR THREE CONSECUTIVE DAYS SHALL BE PROVIDED.	
--	---	--

	(3) SEAL ALL OPENINGS TO THE FACILITY WITH RODENT-PROOF MATERIALS, SUCH AS METAL, TO PREVENT ACCESS.	
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	(4) FOOD NOT IN A WRITTEN CLEANING SCHEDULE THAT INDICATES AREAS TO BE CLEANED AND SANITIZED, THE PROCEDURES /HOW IT WILL BE CONDUCTED, AND FREQUENCY SHALL BE PROVIDED.	
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	(5) CLEAN AND SANITIZE ALL HARD SURFACES PRIOR TO OPERATION (TO BE INCLUDED IN CLEANING SCHEDULE).	
--	--	--

42	SINGLE-SERVICE ARTICLES STORED OUTSIDE ON THE VERANDA OF THE SECOND FLOOR WAREHOUSE.
	SINGLE-SERVICE ARTICLES SHALL BE STORED IN A CLEAN, DRY LOCATION WHERE THEY ARE NOT EXPOSED TO SPLASH, DUST, OR OTHER CONTAMINATION.

50	TOILET FACILITIES NOT KEPT CLEAN AND SUPPLIED; WOMEN'S TOILET ROOM RECEPTACLES NOT COVERED.
	TOILET FACILITIES SHALL BE PROPERLY MAINTAINED, CLEANED, AND SUPPLIED AND A COVERED RECEPTACLE SHALL BE PROVIDED IN TOILET ROOMS USED BY FEMALES.

Person in Charge (Print and Sign)	Kyoungmo Kw	Date:	12/22/2017
DEH Inspector (Print and Sign)	K. DELMUNDO / L. NAVARRO	Date:	12/22/17

Food Establishment Inspection Report

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ESTABLISHMENT NAME 7-DAYS SUPERMARKET (HARMON)		LOCATION (Address) LOT 5007-3 ROUTE 16 HARMON
INSPECTION DATE 12, 22, 2017	SANITARY PERMIT NO. 170001925	PERMIT HOLDER MOMO CORPORATION

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

51	GARBAGE/REFUSE FACILITY WITH GARBAGE AROUND CONTAINERS AND WITHOUT A TIGHT-FITTING LID. GARBAGE/ REFUSE FACILITIES SHALL BE PROVIDED WITH A TIGHT-FITTING LID AND AREAS/ ENCLOSURES MAINTAINED CLEAN TO AVOID ATTRACTION OF PESTS.	
52	WALLS AND FLOORS THROUGHOUT FACILITY WITH DARK STAINS AND OLD FOOD DEBRIS AND DUST. PHYSICAL FACILITIES SHALL BE MAINTAINED AND CLEAN TO ENSURE OVERALL CLEANLINESS OF FACILITY.	
53	LIGHT INTENSITY IN WALK-IN FREEZER DISPLAYING 0.6 FT. CANDLES (1ST FLOOR) AND WALK-IN CHILLER DISPLAYING 2.6 AND 3.9 FT. CANDLES (2ND FLOOR); NO LIGHT SHIELDS PROVIDED FOR SOME LIGHT BULBS IN WALK-IN FREEZER (1ST FLOOR). THE LIGHT INTENSITY FOR WALK-IN UNITS SHALL BE AT LEAST 10 FOOT CANDLES TO ENSURE ADEQUATE LIGHTING AND LIGHT SHIELDS SHALL BE PROVIDED. THE SANITARY PERMIT IS HEREBY SUSPENDED, ALL VIOLATIONS CITED AND ADDITIONAL REQUIREMENTS MUST BE CORRECTED AND MET, AND A RE-INSTALEMENT FEE OF \$100.00 SHALL BE PAID TO DPHSS PRIOR TO THE RE-INSTALEMENT OF THE SANITARY PERMIT. A SEPARATE SANITARY PERMIT FOR THE SECOND FLOOR WAREHOUSE SHALL BE OBTAINED. PICTURES WERE TAKEN DURING THE INSPECTION. ISSUED NOTICE OF CLOSURE LETTER AND PLACARD RE-INSPECTION REQUEST FORM BRIEFED OWNER, KYONGMO KU, ON ABOVE.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Kyongmo Ku	Date: 12/22/2017
DEH Inspector (Print and Sign) K. DEL MUNDO	Date: 12/22/17



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

Date: 12/22/17

7-DAYS SUPERMARKET (HARMON)

Name of Establishment

As a result of this inspection your establishment received a:

☐ LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☒ NOTICE OF CLOSURE

28/C
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely, (FOR) JWG

Director JAMES W. GILLAN

Issued By: K. DEL MUNDO / L. NAVARRO
Name of EPHO

Received By: _____
Establishment Representative

NO KA OI TERMITE PEST CONTROL (GUAM) INC.

DATE: 12-15-17 TECHNICIAN: Cris REVIEWED BY: _____
 COMPANY NAME: 7-DAY supermarket
 JOB LOCATION: int/ext
 TYPE OF SERVICE: 2 x m service
 RECOMMENDATION(S): _____

PRODUCT(S) USED

PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
transport mikron	1.25 oz		1 gal H ₂ O
Jt eaton bait			4 oz

NO KA OI



Termite & Pest Control(Guam), Inc.
 P.O.Box 24426, GMF, Guam 96921
 Tel: (671) 734-1773 • Fax (671) 734-1777 • License No. 4655
www.nkoguam.com

Date of Service 12-15-17
 Time In _____ Time Out _____
 Customer Name 7-DAY supermarket
 Service Address Harmon G4,

DESCRIPTION OF SERVICE

No. **11- 60649**

Full inspection and conducted residual
 lan spray to warehouse possible baselines and
 upstairs store warehouse. Also checked all rodent
 bait stations and replenish 4oz of bait as needed
 Oahu's still operational.

Remarks:



Thank you

I hereby acknowledge the satisfactory completion of the above described work.

RAINIER

Print and Sign

12-15-17

Technician

Signature

Cris

NO KA OI TERMITE PEST CONTROL (GUAM) INC.

DATE: 11 15 17 TECHNICIAN: hopper REVIEWED BY: _____

COMPANY NAME: 7 Day Market

JOB LOCATION: Int / Ext

TYPE OF SERVICE: 2 x m service

RECOMMENDATION(S): _____

PRODUCT(S) USED			
PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
Transort	125oz		3/4 gal #20
It Rodent bait			20.00

NK NO KA OI



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Date of Service 11 15 17

Time in 10 00AM Time Out _____

Customer Name 7 Day Market

Service Address Marinon

DESCRIPTION OF SERVICE

No. **11- 61267**

Did inspection to all Rodent Set up: to int / Ext. Also
cleaned out bait stations / trays and replenish bait
as needed. Conducted a residual bait spray to
all possible locations to all available areas.

Remarks:

Sanitation Good



Happy Holidays

I hereby acknowledge the satisfactory completion of the above described work.

MINH
Print and Sign

Technician hopper Signature

NO KA OI TERMITE PEST CONTROL (GUAM) INC.

DATE: 10/25/17 TECHNICIAN: Riwo/Jasper REVIEWED BY: _____

COMPANY NAME: Seven Day Supermarket

JOB LOCATION: int / ext.

TYPE OF SERVICE: 2 m service

RECOMMENDATION(S): pls. cover all pipe holes / opening behind chiller area.

PRODUCT(S) USED			
PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
Transport	1.25 oz.		1/2 gal. H ₂ O
JT caton rodent bait			8 oz.
Glue Board			4 ea.

NK NO KA OI



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Date of Service 10/25/17

Time in _____ Time Out _____

Customer Name Seven Day Supermarket

Service Address Harmon, Gl.

DESCRIPTION OF SERVICE

No. **11- 61194**

Did inspection and conducted residual ban spray to entire warehouse perimeter, and also checked all rodent set-ups, replace / replenish bait and glueboard as needed.

Remarks:

Sanitation: Good



I hereby acknowledge the satisfactory completion of the above described work.

Print and Sign

Technician Riwo/Jasper
Signature

NO KA OI TERMITE PEST CONTROL (GUAM) INC.

DATE: 10-3-17 TECHNICIAN: Cris REVIEWED BY: _____

COMPANY NAME: 7 DAY Supermarket

JOB LOCATION: Harmon

TYPE OF SERVICE: 2 x 14 service

RECOMMENDATION(S): _____

PRODUCT(S) USED			
PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
1st strike bait			60 grams
transport mikron	1.250z		1 1/2 gal H70

NO KA OI



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Date of Service 10-3-17

Time in _____ Time Out _____

Customer Name 7 DAY Supermarket

Service Address Harmon Bu.

DESCRIPTION OF SERVICE

No. **11- 59110**

Did inspection to all rodent set-ups replenish
(100) grams of bait as needed. ALSO spot spray to
warehouse prep area and upstairs warehouse.

Remarks:



Thank you

I hereby acknowledge the satisfactory completion of the above described work.

RAINIER
 Print and Sign

10-3-17

Technician

Signature

NO KA OI TERMITE PEST CONTROL (GUAM) INC.

DATE: 9/21/17 TECHNICIAN: Tordan REVIEWED BY: _____
 COMPANY NAME: Saven Day SuperMarket
 JOB LOCATION: Harman
 TYPE OF SERVICE: 2x service
 RECOMMENDATION(S): _____

PRODUCT(S) USED

PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
I.T. Fator Bait			5.02
Transport Mixture	1.25 oz		1/2 gal Re

NO KA OI



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Date of Service 9/21/17
 Time In _____ Time Out _____
 Customer Name Saven Day SuperMarket
 Service Address Harman

DESCRIPTION OF SERVICE

No. **11- 59376**

Inspection to all existing bait stations trays, glue boards, replaced/replenish baits others still operational. Also spot spray the entrance areas.

Remarks:

Thank you!

I hereby acknowledge the satisfactory completion of the above described work.

Reinon 9-21
 Print and Sign

Tordan
 Technician Signature

DATE: 8/30/17 TECHNICIAN: Tordan REVIEWED BY: _____
 COMPANY NAME: Seven Day SuperMarket
 JOB LOCATION: Harmon
 TYPE OF SERVICE: 2Xer Service
 RECOMMENDATION(S): _____

PRODUCT(S) USED			
PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
Transport Mikura	125 oz		3/4 gal
I.T. Eaton Bait			6 oz

NK NO KA OI



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Date of Service 8/30/17
 Time in _____ Time Out _____
 Customer Name 7 DAY Super Market
 Service Address Harmon

DESCRIPTION OF SERVICE

No **11- 52202**

Inspection and conducted a residential spray to all accessible areas, checked the rodent control set ups, replenish/replaced baits as needed.

Remarks: Notice findings to some bait stations

Sanitation: Good

Thank you

Celebrating
27 years
 on Guam
 44 years in the Pacific
www.nkoguam.com

I hereby acknowledge the satisfactory completion of the above described work.

RAINIER
 Print and Sign

8-30

Technician

Signature

DATE: 8/16/17 TECHNICIAN: Jordan REVIEWED BY: _____
 COMPANY NAME: 7 Day SuperMarket
 JOB LOCATION: Harmon
 TYPE OF SERVICE: 2 new sensors
 RECOMMENDATION(S): _____

PRODUCT(S) USED			
PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
Dancon 1200	.33 oz		3/4 all 1200
Proant Bait			2 oz

NK NO KA OI



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www.nkoguam.com

Date of Service 8/16/17
 Time In _____ Time Out _____
 Customer Name 7 Day SuperMarket
 Service Address Harmon

DESCRIPTION OF SERVICE

No. **11- 52345**

Did inspection and conducted a resident / spot spray to all available locations / areas also checked the recent set ups, replaced 902 baits, others still operational.

Remarks:

Celebrating
27 years
 on Guam
 44 years in the Pacific
www.nkoguam.com

Thank you

I hereby acknowledge the satisfactory completion of the above described work.

Print and Sign

Technician

Signature